

IMPLEMENTATION GRANT APPLICATION*

See Program Statement for Program Description, Submittal Information and Scoring Criteria

#G203118

A. MUNICIPAL INFORMATION

Name of Municipality: _____

Contact Name and Information:

Name and Title: _____

Mailing Address: _____

Tel. no.: _____ Fax no.: _____ Email: _____

Name of Municipal Official Authorized to enter into Contracts on behalf of the Municipality:

Name and Title: _____

Mailing Address: _____

Tel. no.: _____ Fax no.: _____ Email: _____

Comprehensive Plan:

Date Plan Adopted	Date Plan Found Consistent

If available, please attach a copy of the letter of consistency from the State.

B. REQUESTED GRANT AMOUNT

State Share: \$ _____

Local Share: \$ _____

The state grant cannot exceed \$12,000. The minimum local match is 33% of the state amount, so a request for \$12,000 requires a local match of at least \$3,960.

C. AUTHORIZATION TO ENTER INTO A CONTRACT

- ☐ The municipality has authorization to enter into a contract with the State Planning Office for this grant, or “will” have such authorization by June 30, 2003.

D. MUNICIPAL COMMITMENT TO PROVIDE LOCAL DOLLAR MATCH

Check which of the following applies. Awards will be withdrawn if the local commitment is not secured by June 30, 2003.

- ☐ Funds have already been committed for this purpose (attach warrant article or statement signed by an authorized municipal official); or
- ☐ Funds “will” be committed on or before June 30, 2003.

Explain: _____

**Note: It is not necessary to use this form. If it is more convenient to prepare the application on a personal computer, please feel free to do so answering each question below. All applications must be signed in Section H.*

E. IMPLEMENTATION GRANT NARRATIVE

Please attach. See Implementation Grant Program Statement.

F. BUDGET & WORKPLAN SCHEDULE

Please provide a cost and a completion date for each activity to be undertaken, e.g. Development of Zoning Ordinance – \$5,825, Establishment of Subdivision Review Procedures – \$2,500. See Implementation Grant Program Statement.

Activity	Cost	Completion Date

(Attach additional pages if necessary)

G. PLAN FOR PUBLIC PARTICIPATION

Please attach. See Implementation Grant Program Statement.

H. CERTIFICATION

I, the undersigned, certify that, to the best of my knowledge, the information contained in and attached to this application is true and correct and authorize its submittal on behalf of the municipality.

Signature of Municipal Official authorized
to enter into contracts on behalf of the Municipality

Date